

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK**

JUAN CHEN, Individually and On Behalf of All Others
Similarly Situated,

Plaintiff,

v.

MISSFRESH LIMITED, ZHENG XU, JUN WANG, YUAN
SUN, ZHAOHUI LI, COLLEEN A. DE VRIES, HANSONG
ZHU, J.P. MORGAN SECURITIES LLC, CITIGROUP
GLOBAL MARKETS INC., CHINA INTERNATIONAL
CAPITAL CORPORATION HONG KONG SECURITIES
LIMITED, CHINA RENAISSANCE SECURITIES (HONG
KONG) LIMITED, HAITONG INTERNATIONAL
SECURITIES COMPANY LIMITED, CMB
INTERNATIONAL CAPITAL LIMITED, AMTD GLOBAL
MARKETS LIMITED, ICBC INTERNATIONAL
SECURITIES LIMITED, NEEDHAM & COMPANY, LLC,
CHINA MERCHANTS SECURITIES (HK) CO., LIMITED,
ABCI SECURITIES COMPANY LIMITED, GF SECURITIES
(HONG KONG) BROKERAGE LIMITED, FUTU INC.,
TIGER BROKERS (NZ) LIMITED, and COGENCY
GLOBAL, INC.,

Defendants.

Case No. 1:22-cv-09836-JSR

PROOF OF CLAIM AND RELEASE

A. GENERAL INSTRUCTIONS

1. To recover as a member of the Settlement Class based on your claims in the class action entitled *Chen v. Missfresh Limited, et al.*, Case No. 22-cv-09836-JSR (S.D.N.Y.) (the "Action"), you must complete and, on page 5 below, sign this Proof of Claim and Release form ("Claim Form"). If you fail to submit a timely and properly addressed (as explained in paragraph 2 below) Claim Form, your claim may be rejected and you may not receive any recovery from the Net Settlement Fund created in connection with the proposed Settlement of the Action. Submission of this Claim Form, however, does not assure that you will share in the proceeds of the Settlement of the Action.

**2. THIS CLAIM FORM MUST BE SUBMITTED ONLINE AT
WWW.MISSFRESHSECURITIESSETTLEMENT.COM NO LATER THAN OCTOBER 5, 2024 OR, IF MAILED, BE
POSTMARKED OR RECEIVED NO LATER THAN OCTOBER 5, 2024, ADDRESSED AS FOLLOWS:**

Missfresh Securities Settlement
c/o Verita Global, LLC
P.O. Box 301135
Los Angeles, CA 90030

3 If you are a member of the Settlement Class, and you do not timely request exclusion from the Settlement Class, you are bound by the terms of any judgment entered in the Action, including the releases provided therein, **WHETHER OR NOT YOU SUBMIT A CLAIM FORM OR RECEIVE A PAYMENT. RECEIPT OF THIS CLAIM FORM DOES NOT MEAN YOU ARE A MEMBER OF THE SETTLEMENT CLASS.**

B. CLAIMANT IDENTIFICATION

4. If you purchased or otherwise acquired Missfresh ADSs pursuant and/or traceable to the Offering Documents issued in connection with the ADSs initial public offering in June 2021, and held the shares in your name, you are the beneficial purchaser as well as the record purchaser. However, if you purchased or otherwise acquired Missfresh ADSs through a third party, such as a brokerage firm, you are the beneficial purchaser and the third party is the record purchaser.

5. Use **Part I** of this form entitled "Claimant Identification" to identify each beneficial owner of Missfresh ADSs whose ownership forms the basis of this claim. **THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL OWNER(S) OR THE LEGAL REPRESENTATIVE OF SUCH OWNER(S).** All joint owners must sign this Claim Form.

6. Executors, administrators, guardians, conservators, custodians, trustees, and legal representatives must complete and sign this Claim Form on behalf of persons represented by them and their authority must accompany this claim and their titles or capacities must be stated. The Social Security (or taxpayer identification) number and telephone number of the beneficial owner may be used in verifying the claim. Failure to provide the foregoing information could delay verification of the claim or result in rejection of the claim.

C. IDENTIFICATION OF TRANSACTIONS

7. Use **Part II** of this form entitled "Schedule of Transactions in Missfresh ADSs" to supply all required details of your transaction(s) in Missfresh ADSs. If you need more space or additional schedules, attach separate sheets giving all of the required information in substantially the same form. Sign and print or type your name on each additional sheet.

8. On the schedules, provide all of the requested information with respect to your purchases/acquisitions and all of your sales of Missfresh ADSs from June 25, 2021 through July 18, 2022, whether such transactions resulted in a profit or a loss. You must also provide all of the requested information with respect to all of the shares of Missfresh ADSs you held at the close of trading on July 18, 2022. Failure to report all such transactions may result in the rejection of your claim.

9. Copies of broker confirmations or other documentation of your transactions in Missfresh ADSs must be attached to your claim. Failure to provide this documentation could delay verification of your claim or result in rejection of your claim. **THE CLAIMS ADMINISTRATOR AND THE PARTIES DO NOT HAVE INFORMATION ABOUT YOUR TRANSACTIONS IN MISSFRESH ADSs.**

10. **NOTICE REGARDING ELECTRONIC FILING:** Certain Claimants with large numbers of transactions may request, either personally or through a legal representative, to submit information regarding their transactions in electronic files. This is different than submitting your claim online using the Settlement website. All such Claimants **MUST** also submit a manually signed paper Claim Form whether or not they also submit electronic copies. If you wish to file your claim electronically, you must contact the Claims Administrator at 1-888-726-1691 or edata@veritaglobal.com to obtain the required file layout. The Claims Administrator may also request that Claimants with a large number of transactions file their claims electronically. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues to the Claimant a written acknowledgment of receipt and acceptance of electronically submitted data.

Must Be Postmarked (if Mailed)
or Received (if Submitted Online)
No Later Than October 5, 2024

MFH

Please Type or Print in the Boxes Below
Must use Black or Blue Ink or your claim
may be deemed deficient.

Official
Office
Use
Only

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Chen v. Missfresh Limited, et al.

Case No. 22-cv-09836-JSR (S.D.N.Y.)

PROOF OF CLAIM AND RELEASE

The Claims Administrator will use this information for all communications regarding this Claim Form. If this information changes, you MUST notify the Claims Administrator in writing at the address above. Complete names of all persons and entities must be provided.

PART I. CLAIMANT IDENTIFICATION

Last Name M.I. First Name

[Grid for Last Name, M.I., and First Name]

Last Name (Co-Beneficial Owner) M.I. First Name (Co-Beneficial Owner)

[Grid for Co-Beneficial Owner Name, M.I., and First Name]

Corporation IRA/401K Pension Plan Individual Estate Other (please specify) _____

Entity Name (Beneficial Owner - If Claimant is not an Individual)

[Grid for Entity Name]

Representative or Custodian Name (if different from Beneficial Owner(s) listed above)

[Grid for Representative or Custodian Name]

Account Number (if filing for multiple accounts, file a separate Claim Form for each account)

[Grid for Account Number]

Last Four Digits of Social Security Number Taxpayer Identification Number

[Grid for Social Security Number and Taxpayer Identification Number]

Telephone Number (Primary Daytime) Telephone Number (Alternate)

[Grid for Telephone Numbers]

Email Address

[Grid for Email Address]

MAILING INFORMATION

Address

[Grid for Address]

Address (cont.)

[Grid for Address (cont.)]

City State ZIP Code

[Grid for City, State, and ZIP Code]

Foreign Province Foreign Postal Code Foreign Country Name/Abbreviation

[Grid for Foreign Address Information]

FOR CLAIMS PROCESSING ONLY | OB [] | CB [] | ATP BE FL OP KE DR ME RE ICI EM ND SH | MM / DD / YYYY | FOR CLAIMS PROCESSING ONLY



PART III. SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS

YOU MUST READ AND SIGN THE RELEASE BELOW.

FAILURE TO SIGN MAY RESULT IN A DELAY IN PROCESSING OR THE REJECTION OF YOUR CLAIM.

1. I (We) submit this Claim Form under the terms of the Stipulation and Agreement of Settlement, dated June 12, 2024 (the "Stipulation"). I (We) also submit to the jurisdiction of the United States District Court for the Southern District of New York, with respect to my (our) claim as a Settlement Class Member(s) and for purposes of enforcing the release set forth herein. I (We) further acknowledge that I am (we are) bound by and subject to the terms of any judgment that may be entered in the Action. I (We) agree to furnish additional information to the Claims Administrator to support this claim (including transactions in other Missfresh securities) if requested to do so. I (We) have not submitted any other claim in the Action covering the same transactions in Missfresh ADSs during the Relevant Period and know of no other person having done so on my (our) behalf.

2. I (We) hereby warrant and represent that I am (we are) a Settlement Class Member as defined above, and that I am (we are) not excluded from the Settlement Class.

3. I (We) hereby acknowledge full and complete satisfaction of, and do hereby fully, finally, and forever settle, release, and discharge from the Released Plaintiff's Claims each and all of the Released Defendant Parties, both as defined in the Stipulation. This release shall be of no force or effect unless and until the Court approves the Settlement and the Settlement becomes effective on the Effective Date (as defined in the Stipulation).

4. I (We) hereby warrant and represent that I (we) have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any matter released pursuant to this release or any other part or portion thereof.

5. I (We) hereby warrant and represent that I (we) have included the information requested about all of my (our) transactions in Missfresh ADSs that are the subject of this claim, as well as the opening and closing positions in such securities held by me (us) on the dates requested in this Claim Form.

6. I (We) certify that I am (we are) not subject to backup withholding under the provisions of Section 3406(a)(1)(C) of the Internal Revenue Code. (Note: If you have been notified by the Internal Revenue Service that you are subject to backup withholding, please strike out the prior sentence.)

I (We) declare under penalty of perjury under the laws of the United States of America that all of the foregoing information supplied on this Claim Form by the undersigned is true and correct.

Executed this _____ day of _____ in _____
(Month/Year) (City/State/Country)

Signature of Claimant

Print Claimant Name Here

Signature of Joint Claimant (if any)

Print Name of Joint Claimant (if any)

Signature of person signing on behalf of Claimant

Print Name of person signing on behalf of Claimant

Capacity of person signing on behalf of claimant, if other than an individual, e.g., executor, president, trustee, custodian, etc. (Must provide evidence of authority to act on behalf of claimant.)



ACCURATE CLAIMS PROCESSING TAKES A SIGNIFICANT AMOUNT OF TIME. THANK YOU FOR YOUR PATIENCE.

Reminder Checklist:

1. Please sign the above release and acknowledgement.
2. If this claim is being made on behalf of Joint Claimants, then both must sign.
3. Remember to attach copies of supporting documentation, if available.
4. **Do not send** originals of certificates.
5. Keep a copy of your Claim Form and all supporting documentation for your records.
6. If you desire an acknowledgment of receipt of your Claim Form, please send it Certified Mail, Return Receipt Requested.
7. If you move, please send your new address to:
Missfresh Securities Litigation
c/o Verita Global, LLC
P.O. Box 301135
Los Angeles, CA 90030
www.MissfreshSecuritiesSettlement.com
1-888-726-1691
8. **Do not use red pen or highlighter** on the Claim Form or supporting documentation. Must use Black or Blue Ink or your claim may be deemed deficient.

THIS CLAIM FORM MUST BE SUBMITTED ONLINE OR MAILED NO LATER THAN OCTOBER 5, 2024, ADDRESSED AS FOLLOWS:

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